

## **THE STATE OF NEBRASKA 1915(b) PROGRAM**

Project Name:	Health Connection Mental Health/Substance Abuse
Project Initial Approval:	July 1, 1995
Project Renewal Approval:	August 1, 2000
Project Amendment Approval:	July 1, 2001
Project Amendment Approval:	August 15, 2000
Project Renewal Expiration:	July 31, 2002

### **PROGRAM SUMMARY**

The State of Nebraska operates a Medicaid Managed Care program authorized under the authority of a 1915(b) waiver. The program entitled, Health Connection Mental Health/Substance Abuse provides managed health care to Temporary Assistance to Needy Families (TANF), TANF-related, Supplemental Security Income (SSI), SSI-related and State ward recipients Statewide. The waiver program was initially implemented on July 1, 1995 and was renewed effective July 1, 1997. The current renewal allows the program to continue during the two-year period from August 1, 2000 to July 31, 2002. Effective July 1, 2001, the waiver was modified to subsume the Special Needs Children and American Indians and Alaskan Native (AI/AN) recipients in Douglas, Sarpy and Lancaster counties who were previously receiving services under the Nebraska Health Connection Medical/Surgical waiver. Effective January 1, 2002, the waiver was modified again to allow the State to transition from a risk-based contract to an Administrative Services Organization non-risk contract.

### **HEALTH CARE DELIVERY**

The objective of the MH/SA waiver program is to case manage all Medicaid mental health and substance abuse services. A Request for Proposal (RFP) to solicit bids for a Prepaid Health Plan to provide the MH/SA benefits package was released on June 11, 1999. The contractor for the upcoming two-year period will be ValueOptions (i.e., First Options-Nebraska, Inc.) Effective January 1, 2002, the State transitioned the program from a risk-based capitated contract for MH services to an administrative services organization non-risk contract with fee-for-service reimbursement.

Enrollment in the program is mandatory Statewide for Temporary Assistance to Needy Families (TANF), TANF-related, Supplemental Security Income (SSI), and SSI-related, and State ward Medicaid recipients. The MH/SA program has no formal process of enrollment; the recipient is enrolled by virtue of his/her Medicaid eligibility. However, in the areas of the State where the HMO/PCCM waiver program is implemented, the enrollment broker presents the MH/SA services program to the recipients in the enrollment process as a part of the recipients' total benefits package.

### **BENEFIT PACKAGE**

The services covered under the waiver include outpatient, day treatment, treatment foster care for recipients age 20 and younger, treatment group homes for recipients age 20 and younger,

inpatient hospital, residential treatment center services for recipients age 20 and younger, crisis intervention, family preservation, and non-emergency transportation. In addition, the program provides Individualized Alternative services or Enhanced Services, including, but not limited to: intensive case management, psychiatric nursing services, respite care, client assistance program, treatment crisis intervention, intensive outpatient (mid-intensity), intensive outpatient (low-intensity), alternative treatment unit/crisis stabilization, CTA/Home Health RN, Native American MH/SA Programs, and mobile crisis/treatment intervention.

## **COST EFFECTIVENESS**

Nebraska projects savings of \$10,503,103 during the two years of the renewal.

## **SPECIAL FEATURES**

- Individualized Alternative or Enhanced Services are included under the 1915(b)(3) authority to allow recipients to be in the least restrictive and most appropriate level of care, even though these services are not State plan approved services under the Nebraska Medical Assistance Program.
- Incentive payments in addition to the capitation payments can be made if the contractor achieves specified contract performance and outstanding performance indicators.
- Capitation payments (minus the sum of actual claim costs and projected administrative cost) in excess of 5% can be reinvested into local community based MH/SA programs mutually agreed upon between the contractor and the State.

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